PTOISERIA (12.04)
Approved for use through 173 1/2005. ONE 0051-0032
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to a codection of Information unless it displays a wald OMB confid number.

PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-675						10374359		
APPLICATION AS FILED - PART I (Cotumn 1) (Cotumn 2)				SMALL ENTITY		OR -	OTHER THAN OR SMALL ENTITY	
FOR	NUMBER FRED	HUMBER EX	TIFA	RATE (1)	LEE (1)	-	RATE (1)	250
ASIC FEE	. NA	N/A		N/A		-	HVA	2000-
7 CFR 1.46(4), (6), 64 (5) EARCH FEE 17 CFR 1.46(1, 8), 64 (19)	WA .	N/A		NVA	· · ·	-	HVA .	<del>chall</del>
YAMHATION FEE	. NA	NÄ		N/A		-	H/A	700
OTAL CLAUS .	ศากษา 20. =			x =	<u> </u>	,on	X	<del></del>
HOETEHDENT CLAIMS	minus 3 =	•		χ		1 1	х . ғ	
17 CFR 1.1G(N)	Il the specification an	d drawings exce	ed 100.	<b>.</b>	1	1. "		
APPLICATION EDE	STATION FIRE sheets of paper, the application size he due to \$250 (\$125 for small entity) for each					1 1		
FEG (37 CFR 1.16(4))	- Addisonal Sit alsonia	nr fraction Uiere	01. 500 l	٠.		1 1		
	35 U.S.C. 41(2)(1)(G		10/5/	- N/A			N/A,	120
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160)				<u> </u>	1	┦· `	TOTAL	900
· If the difference in colum	nn 1 la less than zero, onles	"0" in ookumn 2.		TOTAL	L			
	ATION AS AMENDED	-	(Column 3)	SWILL	ENTTY	OR	SMALL	EKTITY
<b>*</b>	APICA I	NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE (\$)	LEE (1)	<u> </u>	RATE (1)	TIONAL TEE (S)
Z Total	MEHOMEHT Minus		•	×		A OR	×	1
O Independent	4 Minus	- 3	7	×		OR		1/
AcoRcation State Fee (37 CFR 1.16(e))						ᆟ .	N/A	1 /
AppResion State Fee (3) CTV 1: 10(9)				14.7		OR	TOTAL	1
			٠.	TOTAL ADD L FEL	i. L	or	ADD'L FEE	<u> </u>
	(Column 1)	(Column 2)	(Cotann 3)		<del></del>	1	-	1
	CLAIKS REMARKING	HIGHEST HUMBER	PRESENT	りずわり	TIOI	ic }	RATE (S	THORK
8 6	AFTER AMENDMENT	PREVIOUSLY PAID FOR	<u> </u>	<b> </b>	FEE		1	
M Total .	Minus			×	=	of		± / · · ·
	eunilM	***	<u>  •                                     </u>	×	-	o	R X	
G Independent				1 1				
Z professor Sign	Fec (37 CFR 1.16(s))	<del></del>		- 1		1	ALLA	
Z profession Sim	Fee (37 CFT) 1.46(1)). ATION OF MOUTIFUE DEPEND	ENL GIVIN GLC	FR 1.16(D)	·IUA			R TOTAL	

\* If the entry in column 1 is loss than the entry in column 2, write of in column 3.

\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 70.

\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 70.

\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For Total or invidend and is the highest number found in the appropriate box in column 1.

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